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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☐ Declaration
Submitted
with Initial
Filing OR ☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number 3142.2.2.1

First Named Inventor Michael McNeely

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LASER ABLATION OF DOPED FLUOROCARBON MATERIALS AND APPLICATIONS THEREOF*(Title of the Invention)*

the specification of which

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) **06/08/2000** as United States Application Number or PCT InternationalApplication Number **PCT/US00/40156** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 37, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes No |
|-------------------------------------|---------------|----------------------------------|--|---|
| 60/138,091 | United States | 06/08/1999 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
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| | | |

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

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OR

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| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number
or Bar Code Label**21552**OR ☐ Correspondence address below

| | | | | | |
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| Name | Evan R. Witt | | | | |
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| Country | | Telephone | | Fax | |

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

| | | | | | |
|--|----------------------------------|-------|-----------|------------------------|----------------|
| Given Name (first and middle (if any)) | | | | Family Name or Surname | |
| Michael | | | | McNeely | |
| Inventor's Signature | <i>Michael McNeely</i> | | | Date | 3/28/01 |
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| Post Office Address | 2159 East Powderkeg Drive | | | | |
| City | Sandy | State | UT | Zip | 84093 |
| | | | | Country | US |

☐ Additional inventor are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing | Attorney Docket Number | 3142.2.2.1 |
| | First Named Inventor | Michael McNeely |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
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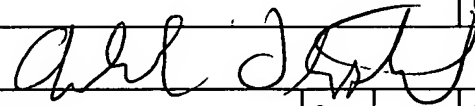
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21552 OR ☐ Registered practitioner(s) name/registration number listed below

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| | | | | | |
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| Country | | Telephone | | Fax | |

| | | | | | |
|--|---|---|------------------------|------|-------------|
| Name of Inventor | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| <u>Arnold</u> | | | <u>Oliphant</u> | | |
| Inventor's Signature |  | | | Date | |
| Residence: City | State | Ut | Country | US | Citizenship |
| Post Office Address | 1563 West Erda Way | | | | |
| City | Erda | State | UT | Zip | 84074 |
| Country | US | | | | |

☐ Additional inventor are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.